

**MULTIPLE DEPEN CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM KTO-875)**

SERIAL NO.

**FILING DATE**

	CLAIMS												
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	↓		↓		↓			↓		↓		↓
TOTAL DEP.	16	↔		↔		↔			↔		↔		↔
TOTAL CLAIMS	20	██████████		██████████		██████████			██████████		██████████		██████████

PTO-1360 (REV. 11/84)

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